



North Carolina Department of Health and Human Services
Division of Child Development and Early Education

Pat McCrory
Governor

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Director

**DROP-IN/SHORT-TERM CARE
REGISTRATION APPLICATION**

(Registration Required by Law)

G.S. 110-86(2)(d)(d1)

GS110-99(c)

IF YOU ARE CURRENTLY REGISTERED WITH THE DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION (HAVE A NOTICE POSTED), PLEASE COMPLETE THE APPLICATION BELOW SO THAT YOUR REGISTRATION INFORMATION CAN BE UPDATED. PLEASE ALSO INCLUDE A COPY OF ANY FLYERS THAT ARE CURRENTLY BEING USED AS ADVERTISEMENT.

IF YOU HAVE NOT YET REGISTERED WITH THE DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION ARE PROVIDING DROP-IN/SHORT-TERM CHILD CARE AS DEFINED IN THE COVER LETTER, PLEASE COMPLETE THE APPLICATION BELOW FOR REGISTRATION. PLEASE ALSO INCLUDE A COPY OF ANY FLYERS THAT ARE CURRENTLY BEING USED AS ADVERTISEMENT.

Please indicate if this application is a new application or if you are renewing your application (Please select one) _____ New _____ Renewal Program/Site Information Name of Business _____		Type of Business/Operation (Please Circle One Item) Bowling Alley Casino Church Drop-in child care program Health Club or Spa Hotel Resort Shopping Mall Strip Mall Other: _____	
Location Address		Mailing Address	
Telephone Number		Telephone Number	
Email Address		Website Address*	
Name of Owner		Title	
		Cell Phone#	

www.ncdhhs.gov • www.ncchildcare.net

Tel 919-662-4499 • Fax 919-661-4845

Location: 319 Chapanoke Road • Raleigh, NC 27603

Mailing Address: 2201 Mail Service Center • Raleigh, NC 27699-2201

An Equal Opportunity / Affirmative Action Employer



***Please list any website address that is being used for advertisement or being shared with the general public for informational purposes.**

****If more than one owner please list additional owners on last page of application.**

A. General Information about your program:

Describe the activities parent/employees will be participating in while children are on site.

- a. ☐ Bowling
- b. ☐ Exercise
- c. ☐ Hotel Activities
- d. ☐ Legal Proceedings
- e. ☐ Shopping
- f. ☐ Teaching
- g. ☐ Other _____

What days of the week do you offer child care? ☐ **Mon** ☐ **Tues** ☐ **Wed** ☐ **Thurs** ☐ **Fri** ☐ **Sat** ☐ **Sun**

What hours of the day is care available? (When does the program open and close?)

How long can a child stay in your program in one day?
☐ **30 minutes** ☐ **1 hour** ☐ **1-2 hour(s)** ☐ **No limit** ☐ **Other** _____

How many days per week may the same child attend your program? _____

Are the parents required to be on the premises while their children are in care?

Yes ☐ No ☐

Please mark all the ways you contact parents:

- a. ☐ Telephone
- b. ☐ Cell Phone
- c. ☐ Pager
- d. ☐ Other (please describe this method of contact)

B. Program Information:

What ages of children are cared for in your program? (please check all that apply)

- a. ☐ Less than 1 year of age
- b. ☐ 1 year of age
- c. ☐ 2 years of age
- d. ☐ 3 years of age
- e. ☐ 4 years of age
- f. ☐ School age (5-12 years of age)

What is the average # of children in attendance on any given day?

- a. ☐ children less than 1 year of age
- b. ☐ children 2 years of age
- c. ☐ children 3 years of age
- d. ☐ children 4 years of age
- e. ☐ children school age (5-12 years)

Do you have age and developmentally appropriate toys and materials for each group of children in your program? Yes ☐ No ☐

Are there enough toys and materials to allow each child in a group to have the opportunity to participate in the same types of activities at the same time?
Yes ☐ No ☐

Are activities planned using age appropriate materials on a daily basis? Yes ☐ No ☐

C. Meals/Snacks:

Do you provide meals and/or snacks for the children while they are in care?
Yes ☐ No ☐

If yes, what foods are served?

Are meals/snacks catered or prepared on site?

Catered ☐ Prepared on site ☐ N/A ☐

What type of food service equipment is used to store or prepare the food?
N/A ☐

Is your facility already required to meet sanitation standards for food service and preparation?
Yes ☐ No ☐ N/A ☐

D. Physical Environment:

How many child care rooms do you have? _____

How many children do you allow in each child care room in your program? _____

Are there direct exits to the outside from the child care rooms? Yes ☐ No ☐
If yes, what ages of children use those rooms? _____

a. What safety precautions do you take?

b. Do you cover electrical outlets? Yes ☐ No ☐

c. Do you require proof of identification for the parent/guardian dropping off and picking up children?
Yes ☐ No ☐

d. Do you have a fenced outdoor play area? Yes ☐ No ☐

e. Other: _____

If you care for infants, where do you change their diapers?

a. ☐ On a diaper changing area

b. ☐ On the floor on a mat

c. ☐ On the floor on a towel

d. ☐ On the floor

E. Staffing and Staff Information:

How many children are in a group? _____

How many staff is required to work with each group of children? _____

Do you ever allow one staff member to stay with children alone? Yes ☐ No ☐

What are the education and training requirements for your staff?

Please list the highest level of education achieved for each staff member: Staff Education Level Achieved	Number of Staff
Less than a High School Education	
GED	
High School Diploma	
Early Childhood Credential	
Early Childhood Administrators Credential	
2-year Degree	
4-year Degree	
Master's Degree	
Total number of staff	

Do you require a criminal background check on your employees? If so, what type of check do you require?

What kind of training do you provide/require for staff?

a. First-Aid certification? Yes ☐ No ☐

b. CPR certification? Yes ☐ No ☐

c. Hand washing? Yes ☐ No ☐

d. Diaper changing? Yes ☐ No ☐

e. Behavior management? Yes ☐ No ☐

f. Emergency evacuation procedures? Yes ☐ No ☐

g. Other _____

Do you have written operational procedures for staff? Yes ☐ No ☐

Do you provide written procedures to parents? Yes ☐ No ☐

How do you evaluate staff performance? _____

What is your salary scale for your staff?

Name of Position (list name of position)	Salary Amount (list salary range)
Less than a High School Education	
GED	
High School Diploma	
Early Childhood Credential	
Early Childhood Administrators Credential	
2-year Degree	
4-year Degree	
Master's Degree	
Total number of staff	

Do you offer any sort of benefits package? Yes ☐ No ☐

Do you offer vacation time? Yes ☐ No ☐

Do you offer sick leave? Yes ☐ No ☐

Do you offer health insurance? Yes ☐ No ☐

Do you offer a retirement plan? Yes ☐ No ☐

Print Name

Signature: _____

Date _____

[illegible]